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CONFIRMATION NO. 5870

<b>SERIAL NUMBER</b> 10/758,472	<b>FILING OR 371(c) DATE</b> 01/15/2004 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 29799/39174
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## APPLICANTS

S. Jabri, Burr Ridge, IL;

\*\* CONTINUING DATA \*\*\*\*\*

None PL

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None PL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/19/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC. 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 4
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## ADDRESS

57726

## TITLE

Dental devices used for filling cavities with composite material

<b>FILING FEE RECEIVED</b> 446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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